

Letter to the Editor

Asymptomatic COVID-19 infection in patients with cancer at a cancer-specialized hospital in Wuhan, China – Preliminary results

Dear Editor,

The new SARS-CoV-2 epidemic is imposing immense strain on the health systems in several countries. The few nations around the world that have yet to face the outbreak of the epidemic are gearing themselves up. The growth of the epidemic has led the WHO to recently declare the 2019-nCoV disease as a global pandemic^{1,2}.

Moreover, the SARS-CoV-2 infection is spreading throughout the world and may affect also patients with cancer. In cancer patients with concomitant SARS-Cov-2 infections is very important to identify those who are immunosuppressed and therefore at risk of severe reactions to anticancer therapy. In fact, different considerations are necessary in cancer patients with active disease and undergoing treatment (antiblastic chemotherapy, hormone therapies, immunotherapy, etc.). In fact, in these cases it is fundamental to evaluate the kind of ongoing treatment (neoadjuvant, adjuvant, palliative treatment) so as to offer, at the same time, the best care opportunities³.

The study performed by Huang et al⁴ at Hubei Cancer Hospital in China, although limited in numbers of patients described (16), is very important and demonstrates that the asymptomatic carriers of SARS-CoV-2 infection with cancer that do not have any immune dysfunction can be safely treated with anti-cancer therapy. We agree with this approach and we stress the fact that patients with cancer and asymptomatic SARS-Cov2 infection should be treated with anti-cancer therapy based on the prognostic factors of their cancer. For example, if you have patients with aggressive lymphomas or acute leukemias and concomitant asymptomatic SARS-Cov2 you should treat with the best treatments available for the oncologic disease while if you have a cancer patient with advanced disease that is usually not sensitive to oncologic therapy, like pretreated advanced metastatic lung cancer, you are encouraged to perform only palliative therapy. Finally, with the ongoing pandemic we should be aware of the fact that many cancer patients have a delay on treatments because of the fear of patients to present in the hospital and the fact that many diagnostic and therapeutic procedures are not available in the right time as in the past. We should therefore stress the fact that patients with for example lung, gastrointestinal, prostate, breast cancers should not be delayed on surgical treatment or those with lymphomas, acute leukemias should not be delayed for medical treatments in particular when the concomitant SARS-Cov2 infection is without symptoms and with immune system without any abnormalities.

In conclusion, the problems discussed here are not easy to solve, and thus, this commentary does not want to suggest solutions but simply to offer elements for reflection⁵.

Conflict of Interest

The Authors declare that they have no conflict of interests.

References

- 1) CONTRERAS GW. Getting ready for the next pandemic COVID-19: Why we need to be more prepared and less scared. *J Emerg Manag* 2020; 18: 87-89.
- 2) PERRELLA A, CARANNANTE N, BERRETTA M, RINALDI M, MATURO N, RINALDI L. Novel Coronavirus 2019 (Sars-CoV2): a global emergency that needs new approaches? *Eur Rev Med Pharmacol Sci* 2020; 24: 2162-2164.
- 3) ARTA MG, ORRÙ G, SCANO A, COGHE F, NUNNARI G, FACCHINI G, NUMIS FG, BERRETTA M. In the face of the SARS-CoV-2 outbreak, do people suffering from oncological disease need specific attention? *Eur Rev Med Pharmacol Sci* 2020; 24: 3434-3436.
- 4) HUANG Q, HU S, RAN FM, LIANG TJ, WANG HX, CHEN CC, ZHANG J, OU WL, DONG S, CAI Q, LUO CG, QIAN Y. Asymptomatic COVID-19 infection in patients with cancer at a cancer-specialized hospital in Wuhan, China - Preliminary results. *Eur Rev Med Pharmacol Sci* 2020; 24: 9760-9764.
- 5) VALDENASSI L, FRANZINI M, RICEVUTI G, RINALDI L, GALOFORO AC, TIRELLI U. Potential mechanisms by which the oxygen-ozone (O₂-O₃) therapy could contribute to the treatment against the coronavirus COVID-19. *Eur Rev Med Pharmacol Sci* 2020 24: 4059-4061.

M. Berretta^{1,2}, *G. Facchini*³, *F. Fiorica*⁴, *G. Nunnari*³, *A. Morra*⁵, *U. Tirelli*⁶

¹Department of Clinical and Experimental Medicine, Policlinico "G Martino" University of Messina, Messina Italy

²Gruppo Oncologico Ricercatori Italiani – GORI ONLUS, Pordenone Italy

³Department of Hospital Medicine, Unit of Medical Oncology, ASL Napoli 2 Nord, "S.M. delle Grazie" Hospital, Pozzuoli (NA), Italy

⁴Division of Radiotherapy, "Mater Salutis" Hospital, Legnago, Italy

⁵Euganea Medica Group, Albignasego (PD), Italy

⁶Tirelli Medical Group, Pordenone, Italy